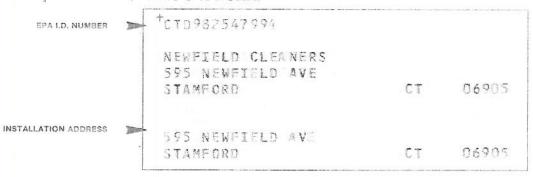


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

04/05/88

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD982547994 Company Name: NEWFIELD CLEANERS

Date of Request: ______ Town: _____ STAMFORD

| | | | \ |
|---|------------------------|---|----------------------|
| SECTION/ITEM TO BE CHANGED | CURRENT INFORMATION | CHANGE INFORMATION TO: | REASON/ COMMENTS |
| I. Name of Installation | | | |
| II. Location of Installation | | * | |
| III. Mailing Address of Installation | | | |
| IV.a. Installation Contact's Name | ROBERT OWENS JR | LEE GANG-HEE | PER 95 SQG REPORT |
| b. Installation Contact's Title | - | | |
| c. Installation Contact's Phone | | | |
| V.a. Ownership | | | |
| b. Property Owner | | ago of the company of the problems of the | |
| VI. Status Originally notification (please circle) CESQG (<100) | | Change Status to: | |
| | L000 kg/month) | | |
| Transporter | | | |
| T/S/D Facility | | | ! |

United States Environmental Protection Agency Washington, DC 20460

| | | | rushington, a c ac | • | |
|-------------|--------------|----|--------------------|-------|----------|
| SEPA | Notification | of | Hazardous | Waste | Activity |

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

| or Official Use Only | | | | | | | | | | |
|--|--|---|--|-----------|----------------|------------|----------|---------------|----------|---------------------|
| For Official Osc Only | Comm | ents | | | | | | | | |
| C C | | | | | | | | | | |
| Levelled of ERAID Number | - 1 | Approved | (yr. | | Receive mo. | ed day) | | Sa | 6 | |
| Installation's EPA ID Number C F 98-254-7994 | /A C | П | 8 | 71 | 2 | 26 | F | obart | lield | |
| I. Name of Installation | | | | | | | | | | |
| newfield clea | ner | 15 | | | | | | | | Old shar |
| I. Installation Mailing Address | Street or | P.O. Box | and the same of | 1 | | | | | | |
| 6595 Dew Fielb | A | 10 | | | | | | | | |
| City or Town | | | | | | _ | State | - | ZIP Co | de |
| 4ST am FORL | | | | 502 576 | | (| DI | 06 | 59 | 25 |
| III. Location of Installation | THE PARTY | ute Number | T STATE OF THE STA | 1 1 1 1 1 | | Die i | PERMI | | | No. of the state of |
| | treet or Ho | / / / | TT | | T | | | | | |
| 5 Sthe ts | A | bout | 2 | | | _ | | | | حلب |
| City or Town | | 1/1 | ТТ | | ТП | -+ | State | \vdash | ZIP Co | de |
| 6 SAME t | 2 | Abu | UR | | | | | | | ale me |
| IV. Installation Contact | h titlal | | | | Phor | ne Num | nber (ar | ea code | and nu | mber) |
| Name and Title (last, first, and job C O W C N S R & B E | RT | ٠ ا ا | R | | | | | | | |
| V. Ownership | | A TO SECURE | 2000 | 200 | KE. | | | Our name | hin (ont | ar codel |
| A. Name of Installation's Le | gal Owner | | 11 | | | В. І | уре от | Owners | nib Jern | ter code) |
| R ROBERT OWEN VI. Type of Regulated Waste Activity (Mark 'X' in | S | ropriate | poxes / | Refer | to ins | tructi | ons.) | V N | 8 30 | |
| VI. Type of Regulated Waste Activity Wark A III | I trie app | oprate i | , oxoo | В. | Used O | il Fuel | Activit | ies | | |
| 1a. Generator 1b. Less than 1,000 kg | /mo. | 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) | | | | | | | | |
| 2. Transporter 3. Treater/Storer/Disposer | | | a. Generator Marketing to Burner | | | | | | 07 | |
| 4. Underground Injection | | | □ b. Other Marketer | | | | | | 80 | |
| 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) | | | C. Burner | | | | | | | |
| a. Generator Marketing to Burner | 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification | | | | | | | | | |
| ☐ b. Other Marketer | | | | | | | | | | |
| VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in | | | | | | | | | | |
| which hazardous waste fuel or off-specification used on ruer is burned. See mist detailed in the control of the | | | | | | | | | | |
| VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) | | | | | | | | | | |
| A. Air B. Rail C. Highway D. Water E. Other (specify) | | | | | | | | | | |
| | | | | | | | | | | |
| Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent Mark 'X' in the appropriate box to indicate whether this is your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number | | | | | | | | | | |
| | | om CI | - | | C. Ir | stallat | ion s El | A ID N | unioer | T |
| A. First Notification B. Subsequent Notification (c | ompiete ite | en C) | | | | | | | | |

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| | | | İ | C | | T/A |
| | | | | w | | |
| | | | ontinued from from | | | |
| from | rdous Wastes from nonspecific sources | Nonspecific Sources your installation hand | . Enter the four-digit nu lles. Use additional shee | mber from 40 CFR Part 26 ats if necessary. | 1.31 for each listed | hazardous waste |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| F | 002 | | | | | |
| - | 7 | . 8 | 9 | 10 | 11 | 12 |
| | | | | | | |
| speci | rdous Wastes from ific sources your ins | Specific Sources. Ent tallation handles. Use | er the four-digit number additional sheets if nece | r from 40 <i>CFR</i> Part 261.32 essary. | for each listed haza | ardous waste from |
| | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | |
| | 19 | 20 | 21 | 22 | 23 | 24 |
| | 25 | | | | | |
| | 25 | 26 | 27 | 28 | 29 | 30 |
| | 31 | 32 | 33 | 40 | 41 | 42 |
| | 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | | |
| | | | | t 261.34 for each hazardorse additional sheets if nec | | itals, veterinary hos- |
| | 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | | |
| Chara your it | cteristics of Nonlist | ted Hazardous Waster (See 40 CFR Parts 261 | s. Mark 'X' in the boxes 21 — 261.24) | corresponding to the chara | acteristics of nonlist | ed hazardous wastes |
| 2.5 | 1. Ignitable (D001) | | 2. Corrosive (D002) | 3. Reactive (D003) | 200 | 4. Toxic (D000) |
| . Cer | tification | | | HOMES IN SECURITION | | San |
| l cer this obta | tify under penal and all attached nining the inform | d documents, and ation, I believe tha | that based on my ii t the submitted info | ined and am familiar nguiry of those individ rmation is true, accur ntion, including the po | duals immediate ate, and comple | ely responsible for te. I am aware that |
| gnatur | 71476 | Λ | Name and Office | cial Title (type or print) | 12.10.27 | te Signed |

EPA Form 8700-12 (Rev. 11-85) Reverse

